

78  
4-30-01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	F	101	4-30-01
<b>RESPONSE FORMALITY REVIEW</b>	MO	JCG/IT	04/30/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - (Through numeral)... Restricted O ..... Objected

Claim	Date
1 Final	Original 05/03
1 1 ✓	10/26/01
2 2 ✓	
3 3 ✓	
4 4 ✓	
5 5 ✓	
6 6 ✓	
7 7 ✓	
8 8 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here78  
4-30-01